



## The Corporation of the Township of Alnwick/Haldimand Volunteer Application Form

Alnwick/Haldimand Resident or Rate Payer?  YES  NO

<b>Name:</b>	<b>Date:</b>
<b>Address:</b>	<b>Phone No.:</b>
<b>Postal Code:</b>	<b>Cellular No.</b>
	<b>Email:</b>

**NAME OF COMMITTEE APPLIED FOR:**

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**Reason for applying:**

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**Past Experience / Relevant Qualifications:**

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**References:**

**Telephone Contact Number**

1.

2.

3.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

***To be returned to the attention of the Acting Clerk with attached resume.***

**Mailing address: 10836 Cty. Rd. 2, PO Box 70, Grafton ON K0K 2G0**

**Email: [asmith@ahtwp.ca](mailto:asmith@ahtwp.ca)**

**Fax #905.349-3259**

*Pursuant to the Municipal Freedom of Information and Protection of Privacy Act, the personal information contained in this form will be used solely to assess your qualifications for appointment to one of the Alnwick/Haldimand Board or Committee.*